



**BOARD OF HEALTH
TOWN OF SEEKONK
MASSACHUSETTS 02771**

**ANNUAL APPLICATION FOR PERMIT TO ENGAGE IN THE BUSINESS OF:
PERCOLATION RATE TESTING & SEPTIC SYSTEM DESIGN**

ANNUAL FEE: \$50.00 – TO BE SUBMITTED WITH APPLICATION

1. Full name of applicant: _____
2. Email Address: _____
3. Business Address: _____
4. Telephone number: _____
5. State the type of business: _____
6. Briefly state your experience in this field: _____

7. Are you familiar with the Massachusetts Sanitary Code, Title V and the regulations of the Town of Seekonk governing private sewerage design and installation? _____
8. Are you familiar with the Title V percolation rate procedure? _____
9. I understand a backhoe will be used to dig two observation holes and the perc test pit. The Health Agent or a member of the Board of Health must be present. _____

10. It is understood by you that any VIOLATION of the Health Laws in regard to percolation testing and/or the installation of private sewerage systems will mean the REVOCATION of your permit which may mean prosecution or both? _____
11. The Permit will expire December 31, _____

Signature: _____

MA License # _____

Title: _____

Date: _____

**PLEASE COMPLETE THE FRONT AND BACK OF THE
APPLICATION**

Date received _____

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under the penalties of the perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or
Federal Identification Number

Signature of Individual or
Corporate Name

BY: _____
Signature Corporate Officer
(If applicable)

Approved:

Chairman of the Board of Health

Board Member

Board Member

Board Member

Board Member